

## Meeting Minutes



### Joint Commission on Health Care

Monday, October 15, 2018 – 12:20 p.m.

Senate Committee Room A- Pocahontas Building

#### Members Present

Delegate Benjamin L. Cline  
Delegate T. Scott Garrett, Vice Chair  
Delegate Patrick A. Hope  
Delegate Riley E. Ingram  
Delegate Christopher K. Peace  
Delegate Christopher P. Stolle

Senator George L. Barker  
Senator Rosalyn R. Dance, Chair  
Senator Siobhan S. Dunnavant  
Senator John S. Edwards  
Senator Glenn H. Sturtevant, Jr. (call in)  
Senator David R. Suetterlein

Secretary Daniel Carey, MD

#### Members Absent

Delegate David L Bulova  
Delegate C.E Cliff Hayes, Jr.  
Delegate Kaye Kory  
Delegate Roslyn C. Tyler  
Senator Charles W. Carrico, Sr.  
Senator L. Louise Lucas

#### Staff Present

Michele Chesser  
Paula Margolis  
Andrew Mitchell  
Stephen Weiss  
Agnes Dymora

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#### Call to Order

Senator Dance called the meeting to order.

#### The Virginia Department of Social Services' (VDSS) Role in Medicaid Expansion

VDSS Commissioner, Mr. Duke Storen, discussed the operational elements that VDSS is addressing to assist the Local Departments of Social Services (LDSS) in preparing for Medicaid expansion, including: eligibility pathways, communications, systems development, resources and technology, training, and collaboration. In order to meet the increased volume, 300 new staff positions have been allocated for the LDSS offices, and a training plan was established, in partnership with the Department of Medical Assistance Services (DMAS), to train staff and interagency partners on expansion operational issues.

#### The Department of Behavioral Health and Developmental Services' (DBHDS) Workgroup on Improving the Quality of Direct Support Professionals Serving the Individuals Enrolled in the Developmental Disability (DD) Waivers

Mrs. Holly Mortlock, M.S.E, DBHDS Policy Director provided information on the results of the workgroup for improving quality of direct care staff serving the DD waiver populations, as mandated in House Bill 813 during the 2018 legislative session. The legislation directed DBHDS to convene a group of stakeholders to develop recommendations for policy changes in order to increase the transparency of the employment history of direct support professional job candidates. DBHDS held three stakeholder meetings and identified three

options for consideration: Option 1 – Direct DBHDS to facilitate development of a centralized tracking system to track information, such as core competencies; Option 2 – Direct DHBDS to develop and/or amend regulations to require certificates so that they become portable to the employee; and, Option 3 - Develop third-party training, certification, and a tracking database that employers may check.

### **Trauma-Informed Mental Health and Child Development Services**

Mr. L. Robert Bolling, Chief Executive Officer of ChildSavers, discussed the types of adverse childhood experiences (ACE) that may have a lasting deleterious effect on children. ACEs included emotional, physical and sexual abuse; neglect; parental separation and divorce; substance abuse in the family; mentally ill family members; and, incarcerated family members. Toddlers exposed to five or more significant ACEs are 76% more likely to have developmental delays. Other outcomes related to ACE include increased risk of obesity, attempted suicide, depression, alcoholism, and shortened life span.

Mr. Bolling addressed the need for increased access to behavioral health services for children and families, noting that licensed clinicians are required to be paneled or credentialed by individual health insurance companies to qualify for reimbursement. Mr. Bolling asserted that this requirement results in a loss of revenue and lower productivity among licensed clinicians as the time between application and approval may be up to six months; therefore, Mr. Bolling put forth three options; 1) that the JCHC support legislation that would result in reimbursement to licensed clinicians during the time between application and approval; 2) reduce credentialing time to less than 60 days; 3) allow an agency to act as the credentialed entity.

### **Staff Report: Addiction Relapse Prevention Programs in the Commonwealth**

Mr. Andrew Mitchell, JCHC Senior Policy Analyst, provided information requested by Delegate Kaye Kory during the 2018 General Assembly session. Questions included: which substance use disorder (SUD) treatment programs have been successful, how do individuals maintain sobriety, what are the ‘best practices’ models, and whether or not cost-effectiveness data exist.

The Mr. Mitchell provided background information on addiction and relapse, stressing the complexity and chronic nature of the disease and the multiple methods used to treat SUD and maintain sobriety. Treatment programs may be reimbursed by private insurance, public funding and/or by the individual. Determining cost-effectiveness is challenging, due to the lack of comparability of approaches, their high variability, and a multitude of outcomes (e.g., health status, crime, employment, school attendance, etc.). Several studies were summarized showing cost-benefit data.

### **Staff Report: Requiring the Installation of Onsite Temporary Emergency Electrical Power Sources for Assisted Living Facilities (ALF)**

This study was requested by Delegate Patrick Hope, in order to determine the feasibility of requiring ALFs to have onsite emergency generators to power the facility in cases of power outages and the costs associated with such a requirement. Mr. Stephen Weiss, JCHC Senior Policy Analyst reported on the number, percent and size of ALF facilities that do not

currently have a generator and an estimate of the costs associated with installing a generator based on facility size. Current regulation requires ALFs with six or more residents to have a permanent *connection* to a temporary emergency electrical power source but does not require on-site generators, although many ALFs do have generators on-site.

The Virginia Department of Social Services (VDSS), which licenses Virginia ALFs, distributed an electronic survey to licensed ALFs to ascertain whether a backup generator was onsite and installed. Two-hundred and ninety-five of the 553 licensed ALFs responded to the survey (a 53% response rate). One-hundred and sixty-one ALFs reported having an on-site generator that serviced the entire facility and 134 reported no generator or partial facility coverage capacity.

Estimates of the cost to install on-site generators were obtained, based on the capacity needs of the facility according to size. Costs included equipment, installation, and engineering needs which depend on the facility structure. It was noted that estimates for the smaller facilities were the most difficult to ascertain, because the condition of the facility, electrical connections, and areas to be covered must be considered prior to installation. The per facility cost estimates for a commercial generator of sufficient size too provide power to the entire facility ranged from a low of \$23,452 to a high of \$592,459.

Adjourn

Electronic Meeting: YES  
Senator Sturtevant had a schedule conflict.  
Prepared by: Paula Margolis